

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

APPLICANT(S)

FILED DATE

10732712

12-10-03

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7		2				
8		2				
9		2				
10		2				
11		2				
12		2				
13		2				
14		2				
15		2				
16		2				
17		2				
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21		2				
22		4				
23	1					
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49						
50						
TOTAL IND.	2					
TOTAL DEP.	37					
TOTAL CLAIMS	39					

	IND	DEP	IND	DEP	IND	DEP
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52						
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						